

<b>Case Number:</b>	CM14-0020246		
<b>Date Assigned:</b>	04/25/2014	<b>Date of Injury:</b>	03/18/2012
<b>Decision Date:</b>	07/07/2014	<b>UR Denial Date:</b>	02/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/18/2014

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Anesthesiology, and Pain Medicine and is licensed to practice in Texas. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 48 year old female who reported an injury to both her wrists secondary to lifting containers of water as well as stocking boxes. The claimant stated that she had dropped a crate when she lost her grip as a result of losing significant strength in her hands. The electrodiagnostic studies completed on 02/25/13 revealed essentially normal findings. No evidence of cervical radiculopathy, carpal tunnel syndrome, or brachial plexopathy were identified. The clinical note dated 03/07/13 indicates the claimant complaining of bilateral upper extremity pain. The clinical note dated 06/14/13 indicates the claimant complaining of a burning type sensation in both hands. Previous electrodiagnostic studies revealed inconclusive evidence of carpal tunnel syndrome. The claimant had complaints of tingling, numbness, and weakness in the arms and hands. The claimant rated the pain as 8-9/10. The note indicates the claimant currently utilizing Gabapentin for pain relief. Upon exam, the claimant was able to demonstrate 30 degrees of bilateral wrist flexion and 20 degrees of extension. The claimant was identified as having a positive Tinel's sign on the left. 4+/5 strength was identified with right wrist extension and 4/5 strength with left wrist extension. Reflex deficits were identified throughout both upper extremities. The clinical note dated 07/18/13 indicates the claimant continuing with complaints of pain that were rated as 6-8/10. The claimant continued with range of motion deficits and a positive Tinel's sign on the left. The psychological exam completed on 11/14/13 indicates the claimant being recommended for the use of Xanax. There is a subjective statement regarding a reduction in the claimant's pain level with the use of Xanax and Gabapentin. The clinical note dated 11/21/13 indicates the claimant avoiding going to work, physical exercise, performing household chores, or participating in recreational activities. The clinical note dated 03/06/14 indicates the claimant rating the bilateral upper extremity pain as 6-7/10. Radiation of pain was identified from the neck into the arms, elbows, wrists, and hands. It was also reported to be a

burning sensation in the hands and forearms. There was also an indication of right knee numbness. 4+/5 strength continued with right wrist extension and 4/5 with left wrist extension. There is 4/5 grip strength in both hands. Reflex deficits continued throughout both upper extremities. The urine drug screen completed on 04/07/14 revealed the claimant being compliant with the prescribed drug regimen. The psychological evaluation dated 12/17/13 indicates the claimant undergoing a battery of psychological exams. The claimant's Beck Depression Inventory (BDI-2) score was revealed to be 20 indicating mild to moderate depressive symptoms. The claimant's Beck Anxiety Inventory (BAI) score was identified as 33 indicating severe symptoms of anxiety.

### **IMR ISSUES, DECISIONS AND RATIONALES**

The Final Determination was based on decisions for the disputed items/services set forth below:

#### **MRI OF THE BILATERAL WRIST: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

**Decision rationale:** The documentation indicates the injured worker complaining of bilateral wrist pain with associated range of motion deficits. An MRI would be indicated provided the injured worker meets specific criteria to include significant symptoms identified by clinical exam and plain films reveal significant findings. No information was submitted regarding the employee's significant findings involving both wrists. Additionally, no plain films were submitted to confirm the significant pathology. Given these findings, the request for an MRI of the bilateral wrist is not medically necessary and appropriate.

#### **DICLOFENAC XR 100MG, #30: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 70.

**Decision rationale:** There is an indication the patient has been utilizing this medication to address the ongoing complaints of pain. The patient has indicated there is a reduction in pain. However, no objective data was submitted supporting the effectiveness of the use of this medication to include range of motion, strength or endurance benefits. Without objective data in place confirming the efficacy of the prescribed medication, this request is not indicated. Therefore, the request for Diclofenac XR 100 mg # 30 is not medically necessary and appropriate.

#### **GABAPENTIN 600MG, #90: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 18.

**Decision rationale:** The submitted documentation indicates the patient has utilized this medication. However, no objective data was submitted confirming the effectiveness. Given this, the request for Gabapentin 600mg # 90 is not medically necessary and appropriate.

**XANAX 2MG #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Chapter, Alprazolam.

**Decision rationale:** Based on the Official Disability Guidelines, the use of this medication is not recommended for long term use. The submitted documentation indicates the patient has been utilizing this medication to address increased anxiety. The Official Disability Guidelines state that long-term efficacy is unproven and there is a risk of psychological and physical dependence or frank addiction. As no high quality studies exist supporting long term use of Xanax, this request is not indicated. The request for Xanax 2 mg # 60 is not medically necessary and appropriate.

**NORCO 10/325MG, #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 91.

**Decision rationale:** There is an indication the patient has been utilizing this medication to address the ongoing pain complaints. The patient has made subjective statements regarding a reduction in pain. However, no objective data was submitted confirming the effectiveness. Given this factor, for Norco 10/325 mg # 60 is not medically necessary and appropriate.